



THE AMERICAN LEGION



2016 REPORT

SYSTEM WORTH SAVING

Dale Barnett, *National Commander*



OFFICE OF NATIONAL COMMANDER

Dear Fellow Legionnaires,

I am happy to report that The American Legion's System Worth Saving (SWS) team continues to visit Department of Veterans Affairs (VA) health-care facilities across the nation, evaluating how our nation's veterans view the services they provide. For the most part, the majority of veterans our team has met with still believes VA should continue to serve as the single health-care system for veterans, and is, indeed, a system worth saving.

Two years ago, the scandal over Veterans Health Administration (VHA) employees' manipulation of data systems to cover up long appointment scheduling delays made headlines and shook veterans' trust in the system. In response to the scandal, Congress passed, and the president signed into law, the Veterans Access, Choice and Accountability Act of 2014 (Choice program). Unfortunately, the Choice program has not lived up to what Congress and the president envisioned, and VA health-care facilities continue to struggle to meet access demands.

The Choice program called for the establishment of a commission to examine veterans' access to VA health care and how best to strategically organize the VHA and locate health resources to deliver care over the next 20 years. The Commission on Care (CoC) released its final report, consisting of 291 pages and 18 recommendations, on June 6, 2016.¹

On July 6, 2016, I issued a statement concerning the Commission on Care report.² I thanked the commission for its work and reminded its members, the Congress of the United States, and the administration that The American Legion has continuously found that increased privatization of VA health-care services is not in the best interest of veterans or the American taxpayers. We pointed out the Commission on Care had very limited interaction with veterans who use VA health care and spent even less time actually visiting VA facilities.

The Commission on Care's report focuses only on the abilities of VA prior to the current leadership taking over more than two years ago, and its recommendations are based on outdated information. Over the past two years, VA has drastically transformed customer service and community engagement as well as decreased wait times while seeing more patients than ever before.

The commission's recommendations appear to favor increased privatization, yet fail to take into consideration that veterans already have myriad choices when it comes to choosing health-care providers, indeed more than most Americans do. Most veterans using VA health care already have choices through private, state and DoD insurance coverage. Non-VA choices come with additional expenses to the veterans as well as additional exposure and liability. Converting VA health care to an insurance payer will increase out-of-pocket expenses for veterans who rely solely on VA for all of their health-care needs and put them at risk of ineligibility for continued care for injuries suffered at the hands of non-VA physicians.

The American Legion's SWS program continues to serve as an honest and candid interpretation of problems, challenges, and best practices that VA health-care facilities face daily.

I encourage you to review our findings and recommendations from the SWS site visits in this report. Our 2016 report will be delivered to Congress and the president in February 2017. And just as it has in the past, this report will help shape the new administration's agenda, as we all move forward to transform the VA health-care system.

Respectfully,

Dale Barnett
National Commander



1 http://freebeacon.com/wp-content/uploads/2016/07/Commission-on-Care_Final-Report_063016_1815-3-1.pdf

2 <http://www.legion.org/veteranshealthcare/233170/legion-statement-regarding-commission-care-report>

CHAIRMAN'S STATEMENT FOR EXECUTIVE SUMMARY 2016

Dear Legionnaires,

It brings me great pleasure to present the 2015-2016 executive summaries of the System Worth Saving site visits conducted by the Veterans Affairs & Rehabilitation Commission. As of Aug. 1, 2016, the Veterans Affairs & Rehabilitation Commission conducted nine System Worth Saving site visits that are addressed in this report. Four scheduled site visits remain.

The American Legion does not support privatization of the Department of Veterans Affairs Health Care System and believes the VA system is the preeminent health-care system for veterans. We must continue to work with VA to improve all aspects of veteran health care and the System Worth Saving program continues to be our primary means of evaluating VA progress, or lack thereof, to improve timeliness and quality of care for our nation's heroes.

It has been an honor and a pleasure to serve another year as your Veterans Affairs & Rehabilitation Commission chairman. As we continue to look for more innovative ways to ensure the VA health-care system remains the best it can be for our nation's veterans, I call upon all veterans to share their VA experiences with our team. Only through open and honest dialogue, transparency and accountability can we ensure VA remains a health-care system dedicated to not only serving our nation's veterans, but doing so at the highest possible standards. After all, our nation's veterans have earned and deserve nothing less than the best.



Ralph F. Bozella
Ralph Bozella
Chairman, VA&R Commission
The American Legion

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2016 SWS SITE VISITS (COMPLETED)

St. Cloud, MN - *Special Purpose visit at the request of
Past National Commander Daniel Ludwig*

Big Spring, TX

Montgomery, AL - *Special Purpose*

Reno, NV

Grand Junction, CO

Salt Lake City, UT

Las Vegas, NV

Walla Walla, WA

Pittsburgh, PA

2016 FUTURE SWS SITE VISITS

Chicago, IL - Special Purpose

Shreveport, LA

Augusta, ME

Batavia, NY

2016 ROAR VISITS

Buffalo, NY

St. Petersburg, FL

Cleveland, OH

Roanoke, VA

Boston, MA

Portland, OR

St. Paul, MN

Reports from the site visits can be found at www.legion.org/systemworthsaving/reports

EXECUTIVE SUMMARY | A SYSTEM WORTH SAVING: 2016

By Ralph P. Bozella

Chairman, The American Legion Veterans Affairs & Rehabilitation Commission

Background and History

For the past two years, the Department of Veterans Affairs has been under fire by the VA Inspector General, Congress and our nation's veterans for the outpatient wait time scandal that came to light in 2014 and for poor management oversight. This has led to many calling for an overhaul of the VA health-care system. Some have called for privatizing the system all together.

The American Legion, chartered and incorporated by Congress in 1919 as a patriotic veterans organization devoted to mutual helpfulness, has stayed true to its founding mission throughout this journey. The American Legion remains committed to ensuring that the VA health-care system remains intact and properly funded "to care for him who shall have borne the battle and for his widow and his orphan," as President Abraham Lincoln so famously said of our shared and sacred mission.

The American Legion has two programs that monitor VA benefits; the System Worth Saving (SWS) program and the Regional Office Action Review (ROAR) program. Teams from the SWS program travel across the country and conduct site visits at VA medical centers. The purpose of these visits is to identify problems, challenges and best practices in order to provide recommendations for improvements. Prior to each SWS site visit, the team hosts a town hall meeting to hear firsthand from local veterans about their VA health-care experiences.

As it does through the SWS program, The American Legion also visits VA Regional Offices (VAROs) to review the quality of claims adjudications, interview employees and discuss concerns with local American Legion claims representatives. The primary mission of ROAR is to improve the accuracy and delivery of disability compensation benefits to veterans. The American Legion dispatches a team of accredited representatives and seasoned attorneys to the VAROs to review a percentage of randomly selected claims adjudications and assess the overall development of VA claims at that facility.

These programs have evolved to become two of The American Legion's premier programs. At the 2015 Fall National Executive Committee (NEC) meeting, 12 SWS site visits and 12 ROAR visits were approved. Requests were also received in 2016 from the Department of Minnesota for a special purpose visit to the St. Cloud VA Medical Center; from the Department of Illinois; and from the Department of Alabama, which added three more SWS site visits to the list. So far, the SWS team has conducted nine site visits (St. Cloud, Minn.; Big Spring, Texas; Montgomery, Ala.; Reno, Nev.; Grand Junction, Colo.; Salt Lake City, Utah; Las Vegas, Nev.; Walla Walla, Wash., and Pittsburgh, Pa.) with an additional four remaining.

The ROAR team has visited seven VA Regional Offices, to include Buffalo, N.Y.; St. Petersburg, Fla.; Cleveland, Ohio; Roanoke, Va.; Boston, Mass.; Portland, Ore.; and St. Paul, Minn., with an additional five remaining.

SWS Site Visit Selections

VA medical centers that are investigated by the VA Office of the Inspector General and those scrutinized by mainstream media or identified as having issues by Legionnaires are recommended for inclusion in the SWS schedule. Additionally, a request that is received from a department can constitute a Special Purpose SWS site visit. After a decision is made to visit a VA health-care facility, executive leadership of the medical center is notified of the requested visit. The department adjutant and local post are briefed on the visit schedule and encouraged to participate. In addition, congressional members or their representatives are invited and encouraged to attend the town hall meeting, along with local leaders and VA executive staff.

Town Hall Meetings

On the first day of a site visit, a town hall meeting is held to hear from local veterans about their health-care concerns. Over the past year, the VA Choice program has consistently been the No. 1 concern at each town hall meeting.

During the Walla Walla, Wash., town hall meeting, a Marine Corps veteran stated, “VA employees at the local call center said it is hard to help veterans with issues they are having – especially with the Choice Program.” This veteran also shared his concerns regarding access to care: “Years ago, we had a 24-hour clinic. If you were sick, you were able to get care right away. Now, we don’t want to go to the local hospital because it comes out of our pockets.”

During the medical facility site visits, Veterans Affairs & Rehabilitation (VA&R) Commission members and national staff interview and receive executive level briefings from VA staff in the following areas: Human Resources, Business Office, Enrollment, Non-VA Care, Choice Program, Outreach, Clinical Services, Homeless Program, Patient Advocate, Construction, Budget, Military Sexual Trauma (MST) and Women’s Program.

For each of the programs reviewed, The American Legion wants to better understand what progress has been made over the previous three years, the current situation, and long-term strategic plans and goals.

SWS Site Visit Challenges

St. Cloud VA Health Care System (SCVAHCS) St. Cloud, Minn.

During the SCVAHCS site visits, the following were identified as top challenges:

- **Aging infrastructure/construction/space:** Although the system’s almost 90-year-old buildings have been well maintained over the years, many of the internal structures require significant renovation or replacement. Clinics are very crowded. The clinic spaces were not initially designed to support current care delivery models. Multiple construction projects are causing a need for swing space during periods of work. Project delays and cost limits are causing the opening of much needed space to be delayed. While there is a long-term plan, SCVAHCS has short-term needs that are increasingly difficult to meet.
- **Growth/access to care:** SCVAHCS has experienced a 155 percent increase in unique patients, growing from 12,111 patients in FY00 to 38,603 in FY15. Despite declining veteran population in the ser-

vice area, more veterans continue to seek care. SCVAHCS has experienced patient growth every year since FY00, except for FY13, when it experienced a slight decline in the number of unique patients due to the opening of the Northwest Metro VA Clinic in Ramsey, Minn., (aligned under the Minneapolis VAHCS), which resulted in several thousand patients shifting care away from St. Cloud. FY14 and FY15 saw unique patient growth resume. Growth in enrollment is certainly positive, but the increased demand for services has put a strain on capacity in many clinics, and the facility uses Choice and traditional Non-VA Care Coordination (NVCC) to assist with meeting the demand. SCVAHCS continues to recruit for providers in Primary Care, Mental Health and Specialty Care (surgical and medical, all sub-specialties) to meet the increased demand internally and have had difficulty keeping up with the increasing demand. Provider recruitment has been a focus area and will continue to be for years to come.

- **Succession Planning:** The SCVAHCS faces significant succession challenges along with tremendous competition for skilled health-care providers and staff. With 12.7 percent of the total workforce and 17.2 percent of supervisors projected to be eligible for retirement by 2018, the health-care system is charged with developing creative and innovative methods of staff development. A potential result of experienced managers retiring is the knowledge vacuum it creates. There may be difficulties when less experienced staff step forward to fill the void. The facility needs to prepare new clinical leaders now in order to ensure smooth transitions.
- **Work Environment:** The FY14 *All Employee Survey* demonstrated that SCVAHCS has a challenge with employee satisfaction and workplace perceptions in various departments throughout the system. It is the facility’s goal to become a safe and productive workplace with satisfied employees who would recommend SCVAHCS as an exceptional place to work. It is incumbent upon facility leadership to enable this shift toward an excellent work environment. The FY15 survey demonstrated improvement

in employee satisfaction and many other metrics across the health-care system. St. Cloud has made progress but still has work to do.

- **Affordable Care Act:** The Affordable Care Act provides veterans with new options for health care that will compete with VA services. They will need to proactively address veterans' questions and concerns and communicate the benefits associated with VA services in order to prevent a loss of veterans to alternate options for health care.
- **Veterans Choice Act:** The Veterans Choice Act enables veterans to receive community care when they live greater than 40 miles from the nearest VA facility or appointment dates take 30 days or longer to fulfill. SCVAHCS will have to communicate broadly and clearly with veterans to ensure they understand their rights and eligibility. They will also have to monitor their internal processes and work closely with their community partners to ensure a smooth transition in, and continuation of, the new practice.
- **Agency Restructuring:** VA is currently undergoing a phase of restructuring. It is difficult to foresee how VA will look at the end results of all the changes. This uncertainty is challenging to employees and veterans.

Recommendations

- The American Legion recommends that the executive leadership host a meeting with all clinical providers to allow them an opportunity to voice their concerns about their work environment at the SCVAHCS and develop a plan of action to address their concerns.
- The American Legion recommends VA Central Office reconsider the hard-capped funding limitation placed on SCVAHCS Non-VA Community Care program, which was capped at \$41 million. The funding limitation was \$7 million below the health-care system's budget projections, and due to not having acute medical hospital inpatient beds, the health care system on an average, has 30 veterans hospitalized in community facilities daily. The health-care system is being penalized for a situation it has no control over and should be funded at the cost level

anticipated to provide non-VA community care to veterans, excluding the VA Choice program.

- The SCVAHCS C&P action plan calls for the backlog to be resolved within six to nine months. The American Legion requested the director provide a status update on whether the C&P program is back in line with the national average processing time.

West Texas VA Health Care System (Big Spring, Texas)

- **Access.** The rurality of the West Texas VA Health Care System poses unique challenges in providing the most appropriate health care to veterans in the right location, at the right time.

The WTVAHCS closed its inpatient acute medical bed program, which changed its designation from acute care to ambulatory care. During the town hall meeting, a veteran voiced concerns about having to be referred outside the medical center for acute inpatient hospitalization and indicated he preferred getting his health care at the WTVAHCS.

- **High turnover in key leadership positions.** The WTVAHCS System is a Level 3 health-care facility (Level 1a facilities are the most complex facilities, whereas Level 3 facilities are the least complex). The complexity level assignment is reviewed every three years. VA uses three sets of variables in the decision making to determine complexity level:

1. **Patient population** – volume of patients, complexity of care
2. **Clinical services complexity** – intensive care unit level, surgical (or) complexity level, number of complex clinical programs
3. **Education and research** – total number of resident slots and affiliated teaching programs (physician residency programs), research dollars

During the site visit, The American Legion identified the following contributing factors that related to vacancies and turnover: the high cost of living in the "oil patch," the rural environment, compensation levels for professional staff, and the impact of turnover and vacancies at the senior management level.

Recommendations

- Addressing the vacancy issue involves those recommendations pertaining to compensation, tenure commitment, and as a last resort, the use of contracted services.
- Addressing the turnover issue includes performance-related compensation, senior level tenure stability, professional development (including off-site training and conferences), maintaining a culture of professionalism with “high-touch” exit interviewing by senior management and involvement of VISN-level executives.

Central Alabama Veterans Health Care System (CAVHCS) Montgomery, Ala.

- **Recruitment and Retention:** According to the facility’s Human Resources staff, CAVHCS currently has 700 vacancies, with approximately 30 percent of that number being care providers.
- **Veterans Choice Act:** The Veterans Choice Act enables veterans who live greater than 40 miles from the nearest VA facility or face appointment date delays of greater than 30 days to receive care from non-VA providers. CAVHCS struggles with Choice due to the rural location of the medical center and lack of providers willing to accept Choice Program rates.

When asked what they are doing to ensure open communication among the medical center, veterans and the community at large, executive leaders responded with the following:

- CAVHCS has a Veterans Voice Advisory Committee (including members of The American Legion’s Departments of Alabama and Georgia) which consists of veterans from across the region who report and make recommendations within the governance structure to the medical governing body to help spark health-care improvements and solve problems. According to the committee’s minutes from the latest meeting in December 2015, issues mentioned included: Choice and VA referral overlap; employees were not aware as to whom the leadership is at CAVHCS; and scheduling conflicts at the podiatry clinic.

- CAVHCS leaders attended the meeting and quickly began to work on resolving the issues. In order to ensure CAVHCS and veterans continue to have efficient communication and better education on the VA system as a whole, The American Legion recommended that the director hold an orientation with veterans once a month and provide assistance to the medical center in educating the veterans in the facility’s catchment area. The American Legion also requested that the medical center hold a town hall meeting with leadership from Health Net in order to clarify any concerns with the Choice Program.

Recommendations

- Develop a strategic and ongoing relationship with universities and colleges in and around Montgomery. The east campus of CAVHCS, Tuskegee, is only 40 miles from the west campus and has affiliations with the Morehouse School of Medicine, Alabama State University, Auburn University and Tuskegee University. These affiliations should not only be affiliated with one campus.
- The Education Debt Reduction Program (EDRP) authorizes VA to provide student loan reduction payments to employees with qualifying loans who are in health-care positions providing direct patient care services and are in positions considered hard to recruit or retain. The loan must be for the health professional’s education that qualified the applicant for a specific position. Each Veterans Health Administration (VHA) facility determines which positions are hard to recruit and retain and when the facility will offer EDRP for these positions. EDRP is a recruitment and retention incentive only offered or approved for certain positions but should be promoted and highlighted by CAVHCS when trying to attract new recruits.
- The American Legion is working with Congress and VA to develop a new Veterans Choice Program that would replace all of the Non-VA Care programs currently offered by VA, to include the existing Choice Program. Data collected at various SWS site visits will be factored in when considering how to develop The American Legion’s position on the new Veterans Choice Program.

VA Sierra Nevada Health Care System (VASNHCS) Reno, Nev.

- **Centralization of Human Resources:** When asked if centralization of HR would have a positive or negative effect on the hiring and recruitment process, The American Legion was advised that it would be a disaster. Concerns were voiced that centralization would take away local control and oversight from the medical center's director. VASNHCS shared examples where nationwide centralization has not been successful to include prosthetics and procurement services.
- **Large, rural catchment area:** The catchment area for the VASNHCS is the second largest rural district in the country. It is comprised of 110,000 square miles of territory in northern Nevada and California. Veterans are scattered across a multitude of small rural towns in 20 counties.

Recommendations

- **Signage.** The VASNHCS executive leadership should update directional signage throughout the medical center so that it is easily understood, and veterans and visitors will leave the medical center with a positive VA experience.
- **Medical Record Documentation for Non-VA Care.** Since VA nationally has decoupled the medical record documentation from the payment process, nationally VA must ensure the time requirements specified in the national contract are being met. When the requirements are not met, VA must execute its contractual option to hold the contractor accountable.
- **Beneficiary Travel.** To prevent veterans from being stranded and having to pay for beneficiary travel-related expenses when referred as an inpatient from one VAMC to another VAMC for medical care or services, The American Legion recommends that The American Legion Department of Nevada work with the VASNHCS in drafting a legislative resolution that would:
 - » Authorize VA to pay a veteran's beneficiary travel expenses when transferred from one VAMC to

another as an inpatient, if upon completion of the medical care, the veteran is discharged to home as an outpatient, and the veteran is not otherwise eligible, thus financially unable to pay the cost of travel to return home.

Grand Junction Veterans Health Care System (GJVHCS) Grand Junction, Colo.

- **Choice Program:** When Choice was rolled out, there was no centralized training offered to local VA medical centers. In some instances, it has taken Health Net six months or more to reimburse providers. Scheduling Choice appointments has also been an issue; the medical center is left completely out of the loop with veterans eligible for Choice via the 40-mile rule. This has resulted in a break in continuum of care.
- **Women Veterans Health Care:** Without their own private clinic, women veterans have little or no privacy when seeking care at GJVHCS. It was also reported that women veterans' mammography results have not been coming back to the medical center when the appointment was completed through Choice.

Recommendations

- The medical center needs to hold workshops to educate veterans about how to use the Choice Program.
- All letters, especially appointment letters, that are being sent out to the veterans should include an employee I.D. number so they could be traced back to the person who sent the letter.
- People making phone calls should be assigned to small groups of veterans, like veterans with the last name beginning with letter A to C assigned to employee I.D. #1234 or Mr. Smith (like they do in the child support office). All calls should be recorded or put on a call log in a system that will record the employee ID number, date and time of calls, so they cannot say that they made a call that a veteran never received. Returning calls within seven days is one of the many standards for Patient Advocates in VA that should be met without fail. With the aforemen-

tioned system in place, this standard is possible.

- Create a magnet that veterans could put on their refrigerators, to remind them to call in within 72 hours if they are seen at another VA or ER, and also to call their provider if they stop taking or no longer need their medication. Veterans need more education on the protocol of non-VA emergency care.
- The American Legion recommends that the facility include a Women Veterans Clinic in its new construction plan.
- MyHealthVet is VA's online personal health record. It was designed for veterans, active-duty servicemembers, their dependents and caregivers. My HealthVet helps veterans partner with their health care teams and provides veterans opportunities and tools to make informed decisions and manage their care. More outreach needs to be conducted on the benefits of MyHealthVet to the veterans in the catchment area of GJVHCS.
- Rather than relying solely on Surveys of Healthcare Experiences of Patients (SHEP), GJVHCS should hand out brief satisfaction cards to patients in order to gauge a more accurate patient experience.

George E. Wahlen Department of Veterans Affairs Medical Center, Salt Lake City, Utah

- **Budget allocation:** By only allowing for emergency purchases, the medical center's ability to have the best equipment available to meet the needs of veterans is limited.
- **Competitive salaries:** The medical center is unable to attract and retain staff due to generous salaries offered in the civilian sector. Another reason impacting recruiting staff includes long on-boarding time frame for new hires. New hires have accepted civilian sector jobs so they can begin working much sooner for greater pay.

Recommendations

- Advancement in modern medicine is a daily occurrence. While The American Legion understands from time to time VA must impose budget con-

straints, restricting equipment purchases to only emergency purchases limits VA medical centers from ensuring they have the best equipment available to meet needs. The American Legion recommends the executive leadership continue to work with local and national guidelines to ensure they continue to provide the best health care to our nation's veterans, which includes having state-of-the-art 21st century equipment. Executive leadership should make sure when they are meeting with veterans service organizations, these issues are discussed. The American Legion can address these concerns at the local as well as at the national level, but only if the issues are adequately communicated.

- The American Legion has repeatedly testified before Congress in support of competitive salaries. Leadership should continue to utilize all options available to them set forth in current law. The American Legion will continue to advocate for salaries to ensure VA remains competitive with community health care facilities and is able to attract highly qualified professionals.

VA Southern Nevada Healthcare System, Las Vegas, Nev.

- **Choice/Triwest:** The medical center was being informed by Triwest that veterans cannot be contacted or Triwest has scheduled veterans for the wrong service. An example: A veteran needed an ophthalmology appointment but was given an optometry appointment, which delayed the needed appointment.
- **On-boarding processing:** Potential new hires who truly want to serve veterans are forced to find other employment since the on-boarding process with VA is extremely long for physicians.

Recommendations

- Executive leadership must continue to work with Triwest to ensure veterans appointments are scheduled in a timely manner within the community.
- Executive leadership must continue to work with Human Resources to ensure active engage-

ment of the incumbents to keep them abreast of the hiring process to prevent offer rejection; and maintain a robust recruitment and retention plan to continue to attract possible incumbents.

Jonathan M. Wainwright Memorial VA Medical Center, Walla Walla, Wash.

- During the SWS visit to Walla Walla, VAMC Director Brian Westfield addressed concerns unique to the rural facility's medical center and outlined current plans to enhance the campus and the Veterans Integrated Service Network (VISN). "We are a completely different facility compared to how we were. We are much more engaged in community care," he said, continuing:

"Out of the nearly 63,000 military veterans residing in the area, only approximately 20,000 former servicemembers are enrolled in the system and using the VAMC for their primary care needs."

The director also placed emphasis on programs and agreements in place that benefit under-served veterans in surrounding communities, including Native American veterans, homeless veterans and veterans seeking care for substance abuse.

VA leaders discussed the intricate challenges facing the system, including budget constraints, issues with the Choice program, and difficulty recruiting and retaining staff. Westfield identified the "ever-changing roster of medical professionals" as its main issue for veterans receiving care. "These patients often slip through bureaucratic cracks while waiting for a new provider. Rural areas seem to have more difficulty hiring qualified physicians compared to their counterparts in other geographic locations."

- **Recruiting and retention of providers and other clinical staff:** Many factors impact recruiting and retention including rural location, non-competitive salaries, VA's image, the mandatory use of USAJobs and a long onboarding process. These challenges lead to short staffing which has a negative impact on timely access to care.

- **Overcoming bad press:** VA could use more good publicity nationally about the services it provides, especially related to traumatic brain injury (TBI), post-traumatic stress disorder (PTSD) and other veteran-specific care. VA understands the unique needs of veterans and provides quality health-care services to generally satisfied customers. The strengths of VA rarely make the news.

Recommendations

- Executive leadership must continue to work with staff to maintain an active outreach and awareness program to attract veterans for enrollment into the VA health care system.
- Approve salary flexibility and hiring incentives to attract applicants and retain hires, without a salary cap.
- Community leaders and stakeholders must be proactive and tell the "good news and success stories" to balance the negative stories that get repeated over and over by the media.

VA Pittsburgh Health Care System, Pittsburgh, Pa.

- **Space:** The medical center has a shuttle to provide services to ease crowding of the parking structure, but leadership proposed that VA employees be shuttled from the offsite parking area and let the veterans access the onsite parking areas.
- **Nursing:** Over the past 3-4 years, the nursing benefits package has lost some of its appeal, as the private sector has caught up with and surpassed VA pay rates.
- **Physician pay:** While primary care physician pay is competitive, there is a difference of 40-50 percent less with the orthopedic physician pay compared to civilian counterparts.
- **Clinic space:** Several providers voiced that they would like to see the primary care clinic moved outside of the main facility and let VA Pittsburgh be for the specialties.

Recommendations

- Leadership should continue to identify spacing

needs through the Strategic Capital Investment Program (SCIP) and leverage their relationships with local veterans service organizations to champion their cause.

- To address the nursing benefit packages and physician pay, leadership and human resources should research other avenues to ensure that the salaries and benefit packages remain competitive with the private sector.

Regional Office Action Review

How Visits Are Conducted

VAROs were visited based largely upon the appeals inventory. The American Legion focused on efforts made by VARO to reduce the inventory and improve accuracy. Additionally, St. Paul VARO was selected largely due to success in adjudicating claims and to determine if its process could be replicated among others.

To start, The American Legion contacts the Veterans Affairs Central Office (VACO) to announce that a visit is being requested. The contact occurs no less than 30 days prior to the visits, which may last three days each. The American Legion National Headquarters staff contacts department adjutants and department service officers to encourage their participation following VA's approval.

An initial meeting is conducted with senior VARO personnel upon arrival. The purpose of the meeting is to discuss the focus of the visit, address any concerns the VARO may have and allow VARO personnel to identify issues faced in adjudicating claims. American Legion accredited representatives review recently adjudicated appeals following the meeting, meet with VARO line employees and discuss initial findings with local subject matter experts to determine if VA will correct any noted errors. The last day of the visitation culminates with a final meeting with senior VARO personnel to discuss errors, comments by VA employees and possible solutions.

The American Legion focused on appeals during the past 12 months, reviewing the quality of adjudications rendered by members of the appeals team in the visited VAROs. Through July 2016, American Legion accredited representatives reviewed 180 claims of which 88 claims (48.89 percent) were either inadequately developed and

prematurely denied or were erroneously rated. The most prevalent comments regarding adjudications include:

- Inadequate compensation and pension examinations
- Under evaluation of medical condition
- VA failed to comply with its duty to assist
- Inferred claim
- Invitation to file for total disability based on individual unemployability (TDIU)

VA defines an error as a decision rendered that negatively impacts the amount of benefit awarded the veteran. Due to the complexity of VA claims, The American Legion insists that failure to develop claims adequately is also an error. VA has a duty to assist veterans. If VA fails to fulfill that duty, veteran claims may be erroneously decided. As a result, The American Legion's accuracy ratings of VA's decisions are significantly lower than VA's published accuracy ratings.

Outcomes of Visits

Only the Cleveland VARO has responded to comments. The collaboration of the Cleveland VARO and The American Legion resulted in the ability to secure over \$110,000 in retroactive benefits and increased ratings for veterans. In one instance, a veteran received over \$95,000 in retroactive benefits and had TDIU granted, which significantly increased his monthly benefit.

The visits have also proven to be an invaluable tool for training American Legion accredited representatives. Findings from the visitations allow American Legion National Headquarters staff to recognize trends in VA adjudicating. These identified trends are discussed during bi-annual American Legion Department Service Officer School to provide the necessary information for accredited representatives to improve their advocacy skills.

Concerns of VARO Employees and The American Legion

Significant concern among VA employees and American Legion accredited representatives exists regarding the National Work Queue (NWQ).

NWQ was designed to efficiently adjudicate veterans' claims by having them dispersed throughout the nation. VA employees and American Legion representatives have

voiced concerns; however, little response has been received. Some VAROs were assured by VACO that since their offices had an excess of full-time equivalent (FTE) employees, the majority of their cases would be adjudicated within the VARO. This statement has been proven to be untrue. St. Paul VARO has an excess of FTEs. Recent reports indicate that less than half of the claims of veterans residing in the St. Paul VARO's area of jurisdiction are being adjudicated in that office.

VA created and implemented an evaluation builder to assist VA adjudicators to assign appropriate disability ratings. The tool was to serve as a guide to the employees for their use because it only considers certain aspects of the adjudication process. VA raters and decision review officers indicated that if they elected not to use the suggested rating by the evaluation builder, then a local quality review team is notified. A discussion with the local quality review team then ensues as to why the suggested rating was not used. Since VA raters and decision review officers are only using the evaluation builder, subtle evidence gleaned from lay statements and treatment records is not taken into consideration. This may assign veterans lower ratings due to subtle evidence being disregarded.

Senior VA personnel at the VAROs have stated that no employee is required to use the tool. However, when The American Legion reported what was occurring, they assured Legion personnel the issue would be addressed.

Another area of concern is a sense that judges at the Board of Veterans' Appeals (BVA) have greater authority than VARO personnel. This attitude permeates the Veterans Benefits Administration (VBA) regardless of pay grade. The etiology of this belief is unclear; however, nowhere within statute, regulation, or case law does it state VBA's authority is subservient to BVA. Many veterans are forced to appeal their claims. The appeals inventory is exploding.

Employees and American Legion accredited representatives are increasingly frustrated by VA's electronic program for storing and adjudicating claims, the Veterans Benefits Management System (VBMS). Improper labeling of documents, significant lag time during use and a reduction of communication between VA and American Legion accredited representatives located within the VAROs have resulted in claims being promulgated prior to a review by the accredited representatives. During The American

Legion's Department Service Officer School in July 2016, more than 50 accredited representatives located in VAROs were queried regarding whether they are allotted the full 48 hours to review all adjudicated claims. Not one representative stated he or she always granted the full 48 hours. VA's failure to allow the full 48 hours to review the adjudicated claims ultimately reduces the level of advocacy for veterans nationwide.

Privatization

One veteran recently commented at Legion.org that privatization equals "profitization." America's veterans are not mercenaries who fought for a privately owned army. They served in the U.S. military. The federal government has a solemn obligation to care for them. Stated another way, the private sector didn't send our heroes to war. Uncle Sam did.

The private sector works quite well when producing automobiles, computers and other popular goods and services. But it is not the solution to making veterans whole again.

Economists from the Congressional Budget Office have repeatedly estimated that the costs of VA privatization proposals would inflate the federal budget to unsustainable proportions. The continuity of the research, teaching, and emergency preparedness VA provides would be lost if the nation's largest health-care system were shuttered.

Conclusion

The American Legion stands ready to assist VA in its transformation. The System Worth Saving and the Regional Office Action Review programs are two examples of how The American Legion can help. As for privatization, veterans deserve nothing less than the best health care America has to offer. The American Legion believes the VA Healthcare System is most capable among all providers for treating veterans. VA is a place veterans call home, and home is always the best place to heal.



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